

NOV 22 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Polk Registration District No. 202
 Township Madison Primary Registration District No. 4425
 City Fair Play (No. 1) St. 38536 Ward 12

2. FULL NAME Charlie Bolen,

(a) Residence, No. St. Ward
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 27, 1905
 7. AGE YEARS 31 MONTHS 9 DAYS 21 If LESS than 1 day, hrs. or min.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Fair Play, Mo.
 (STATE OR COUNTRY)

13. NAME James H. Bolen
 14. BIRTHPLACE (CITY OR TOWN) Indiana.
 (STATE OR COUNTRY)

15. MAIDEN NAME Alice Tindle
 16. BIRTHPLACE (CITY OR TOWN) Cedar County, Mo.
 (STATE OR COUNTRY)

17. INFORMANT Mrs James H. Bolen
 (ADDRESS) Fair Play, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Lindley Prairie DATE Oct 28

19. UNDERTAKER Frank W. Barker
 (ADDRESS) Fair Play, Mo.

20. FILED Oct 21 1937 R L Hunt
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 18 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 18 1937 to Oct 18 1937

I last saw him alive on Oct 18 1937 at 8.30 P M Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Bronchiectasis

No known

Other contributory causes of importance: Mitral insufficiency

Name of operation # Date of
 What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? # Date of injury #, 19

Where did injury occur? #
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. #

Manner of injury #
 Nature of injury #

24. Was disease or injury in any way related to occupation of deceased? NO
 If so, specify Chas H Brown

(Signed) Chas H Brown, M. D.
 (Address) Fair Play Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

